ړ د سه								Application or Docket Number							
PATENT APPLICATION FEE DETERMINATION RECOR Effective December 8, 2004										09/725/42					
CLAIMS AS FILED - PART I (Column 1) (Column 2)							_	SMALL TYPE	. EN	1777	OR	OTHER	_		
TOTAL CLAIMS								RATI	E	FEE		RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC I	FEE	150.00	OR	BASIC FEE	300.00		
TOTAL CHARGEABLE CLAIMS			minus 20=		•		- (X\$ 25			OR	X\$50=			
INDEPENDENT CLAIMS			minus 3 =		*			X100=			OR	X200=			
MU	LTIPLE DEPEN	IDENT CLAIM PI	RESENT					+180=			OR	+360=			
* If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL					
CLAIMS AS AMENDED - PART II												OTHER			
(Column 1) (Column 1) (Column 1) (Column 1)						(Column 3)) r	SMALL			OR I	SMALL	·		
AMENDMENT A	3/23/6	REMAINING AFTER AMENDMENT	-	NUME PREVIO PAID I	BER DUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE	•	RATE	ADDI- TIONAL FEE		
	Total	.35	Minus	-3	5	=		_X\$-25			OR	X\$50=	V		
	Independent	. 9	Minus	***	7	=			=		OR	X200=			
	FIRST PRESE	JUIPLE DEF	PENDENT	CLAIM			±180=			OR.	+360=				
								тот				TOTAL			
		,	ADDIT. FI	ee L			ADDIT. FEE								
AMENDMENT B		(Column 1) CLAIMS		(Colun	EST	(Column 3)	lr		7	ADDI-	ı		ADDI-		
		REMAINING AFTER AMENDMENT		PREVIO PAID I	USLY	PRESENT EXTRA		RATE		TIONAL FEE		RATE	TIONAL FEE		
	Total	* .	Minus	44 ,		8		X\$ 25	=		OR	X\$50=			
				ENDENT	CLADA	-		X100=	=		OR	X200=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+180=			OR	+360=			
								TOTA			OR	TOTAL ADDIT, FEE			
(Column 1) (Column 2) (Column 3)															
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUME PREVIO PAID F	BER BUSLY	PRESENT EXTRA		RATE		ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
	Total	*	Minus	d.a.		=		X\$ 25:	_		OR	X\$50=	San Bay		
	Independent	•	Minus	drikah		=		X100=		,	OR	X200=			
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+180=	+			+360=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	+300= TOTAL			
 [f the "Highest Nu	mber Previously Parmber Previously Pa	id For IN THI	S SPACE IS	less that	20, enter "20."	A	DDIT. FE			OR",	ODIT. FEE			
	•	ber Previously Pai					r four	nd in the	appo	ropriate box	in col	umn 1.			
